

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 3749-0105PUS1 | |
|---|---|---|-----------------------------------|-----------------------------|-------------|
| Application No. 10/540,386-Conf. #3319 | | Filing Date June 23, 2005 | | Examiner D. Roberts | |
| Art Unit 3762 | | | | | |
| Applicant(s): Yoshimochi KUROKAWA | | | | | |
| Invention: DEVICE FOR ELECTRICALLY STIMULATING STOMACH | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 6 | - 20 = | 0 | x 50 00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x 200 00 | 0 00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| <i>MaryAnne T. Birch</i> for MaryAnne Armstrong Attorney Reg. No : 40,069 | | | | Dated: <u>April 9, 2007</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |